



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-171400 Health Services Reentry Provision of
Information to Probation and Parole Division and/or
Community Health Care Providers

Issued: 05/09/02
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Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

NMSA 1978, Section 33-1-6

REFERENCE

- A. *Psychiatric Services in Jails and Prisons: A Task Force Report of the American Psychiatric Association, 2nd Edition, 2000. NCCHC Standards, current version.*
- B. *ACA Standard 5-ACI-6C-03, Performance Based Standards and Expected Practices for Adult Correctional Institution, 5th Edition.*

PURPOSE

To establish a process for the provision of inmate medical, psychiatric, mental health and substance abuse health care information contained in the medical and mental health record to the New Mexico Corrections Department Probation and Parole Division and to community health care providers.

APPLICABILITY:

All NMCD facilities and units.

FORMS:

- A. **Medication Release** form (CD-171401.1)
- B. **Consent to Release Medical Information Parole Board/PPD** form (CD-171401.2)
- C. **Consent to Release Psychiatric Information** form (CD-171401.3)
- D. **Consent to Release Substance Abuse Information** form (CD-171401.4)
- E. **Consent to Release Mental Health Information** form (CD-171401.5)
- F. **Consent to Release Medical Information** form (CD-171401.6)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Inmate health care information*: Any information contained in the medical and mental health record regarding an inmate's medical, psychiatric, mental health, substance abuse, condition or treatment.

POLICY

Inmate medical, psychiatric, mental health and substance abuse information will be provided to the New Mexico Corrections Department (NMCD) Probation and Parole Division (PPD) and community health care providers. The NMCD requires a written consent procedure to release medical, psychiatric, mental health and substance abuse health care information contained in the medical and mental health record to the NMCD PPD and to community health care providers.



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Policy *CD-171400*

PROCEDURES:

Standard of Care:

A. Release of inmate health care information to the New Mexico Corrections Department Probation and Parole Division

1. Written consent from an inmate is required to release any medical, psychiatric, mental health and substance abuse health care information to the NMCD PPD. This health care information will enable NMCD PPD to assist in inmate parole planning and to help inmates obtain medical, psychiatric, mental health and substance abuse referrals and treatment when an inmate is released to parole, probation or is discharged.
2. A representative from medical, mental health and addiction services shall participate in the reentry committee in accordance with the **Reentry Planning & Transition Process for Inmate Releasing to Community (CD-083000)**.
3. The Reentry Coordinator or Classification Officer/Unit Manager will submit the **Reentry Committee Agenda** form (*CD-083001.7*) which provides a list of inmates scheduled for Reentry Committee to the facility Health Service Administrator via email. The Health Service Administrator will then deliver the list to the facility's medical, psychiatry, mental health and addiction services for their review and action.
 - a. Inmates releasing from incarceration with parole or dual supervision to follow will be seen by the Reentry Committee at 180-days prior to their projected release date.
 - b. Inmates releasing from incarceration with probation supervision to follow will be seen by the Reentry Committee at 90-days prior to their projected release date.

- c. Inmate releasing from incarceration with no probation/parole supervision to follow will be seen by the Reentry Committee at 60-days prior to their projected release date.
 - d. Release status and projected release dates will be provided to the Health Services Administrator in accordance with *CD-083000*.
4. Medical, psychiatry, addictions, and mental health staff are required to complete the applicable health care information consent form for each discipline. The consent forms to release medical (*CD-171401.2*), psychiatric (*CD-171401.3*), substance abuse (*CD-171401.4*) and mental health information (*CD-171401.5*) will be used to provide information to the PPD.
 5. Upon completion of the appropriate consent forms, the health provider asks the inmate to sign the consent forms to authorize the release of the information.
 6. The inmate shall indicate consent to the release of medical, psychiatric, mental health and substance abuse information by signing the form. The completed and signed copy of the health care information consent forms will be returned to the facility Health Services Administrator who is responsible for forwarding a sealed inmate-specific packet to the Classification Department. A copy of the health care information consent forms will be placed in the corresponding sections of the inmate's medical record.
 7. If the inmate refuses to consent to release health care information to the PPD, a copy of the health care information consent form with the notation of the inmate's decision not to consent will be sent to the Facility Health Service Administrator for forwarding to the Classification Department. A copy of these health care information consent forms with the refusal will be placed in the medical, psychiatric, mental health and addiction sections of the inmate's medical record.
 8. The inmate will be rescheduled to be seen by the appropriate Medical/Psychiatric/Mental Health/Addictions services provider, no earlier than fourteen (14) days prior to parole/discharge and no later than seven (7) days prior to parole/discharge. At that time a final update of the inmate's medical/psychiatric/mental health/substance abuse condition and current medications will be made. The health care information consent forms will be revised by the Medical/Psychiatric/Mental Health/Addictions services providers if necessary. The final, updated, revised health care information consent forms will then be forwarded, by the Health Services Administrator, to the facility Classification Department in a sealed, inmate specific packet.

B. Health Services Requirements for Reentry Medications and Reentry Community Provider Referrals

1. Medical, psychiatry, mental health and addictions staff will schedule follow-up appointment dates/times with community health providers in a manner that allows

for adequate continuity of care.

- a. Current diagnosis, medications and follow-up appointment dates/times with community health providers will be documented on the health care information consent forms.
 - b. If there is no need for any community health provider referral, the N/A box will be checked on each health care information consent form.
2. A 30-day supply of medications is dispensed when an inmate is paroled/discharged.
- a. Medications may be dispensed in lesser quantities if there is clinical concern for inmates who are at risk for overdosing or abusing medications.
 - b. The name of the medications, dose, frequency, amount and number of any refills will be listed on the **Medication Release** form (*CD-171401.1*).
 - c. A copy of the medication release form will be placed in the inmate's medical record.
3. When an inmate is released from a facility, security staff will escort the inmate to the facility medical clinic. The inmate will receive his or her 30-day supply of medications by the facility medical staff right before release from the facility.

C. New Mexico statewide entity for reentry behavioral health specialized care coordination

1. Mental health, psychiatry and addictions services staff will identify those inmates whose clinical condition is complex in nature and/or involves multiple service systems and would benefit from reentry specialized care coordination by the statewide entity for behavioral health.
2. Those inmates needing reentry specialized care coordination will be referred to the facility Reentry Coordinator.
3. The facility Reentry Coordinator will send a referral to the statewide entity for behavioral health as necessary asking for assistance with reentry behavioral health planning that includes community mental health, psychiatry and/or addictions provider follow-up.

D. Release of inmate health care information to community health care providers.

1. A written consent from an inmate using the consent form (Medical Records form #601) is required for release of any medical, psychiatric, mental health and substance abuse health care information to community health care providers when

an inmate is released to parole, probation or is discharged. Copies of all consent forms will be placed in the inmate's medical record and the facility medical clinic binder for post-release reference.

2. The forms to release medical (CD-171401.2), psychiatric (CD-171401.3), substance abuse (CD-171401.4), and mental health (CD-171401.5) information to the PPD will also be used to provide health care information to community health care providers.

E. Facility medical clinic binder for post-release reference

1. After the inmate is released to parole, probation or is discharged, the medical (CD-171401.2), psychiatric (CD-171401.3), substance abuse (CD-171401.4), and mental health (CD-171401.5) consent forms, **Medication Release** form (CD-171401.1) and the consent forms to release medical information to community health care providers Consent to Release form (CD-171401.6) will be kept in the facility medical clinic binders for at least 90 days to be used for reference by facility Health Services Staff, PPD staff, and community health care providers.

**Consent Form to Release Medical Information
To the New Mexico Corrections Department Probation and Parole Division**

Inmate Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division wishes to obtain confidential medical health information about you for purposes of parole planning to allow for better supervision and medical care while you are on parole. The medical staff will not participate in altering your chances of parole in any way should you choose not to release any medical information. However, if you choose not to authorize the release of information to the Parole Board and the Probation and Parole Division, this may affect the Parole Board's decision regarding approval of your proposed parole plan.

_____ N/A (No need for any community health provider referral).

1.) Medical diagnosis and brief summary of medical illness.

2.) Current medications.

3.) Recommended medical treatment.

4.) Name, address, phone number and follow-up appointment date/time of community provider.

I am aware that I have the right at any time to refuse to release any of my medical health information.

I have read this completed form and voluntarily choose **to allow** Medical Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division.

Inmate Signature

Date

I have read this completed form and voluntarily choose **not to allow** Medical Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect reentry and aftercare planning.

Inmate Signature

Date

Staff Name and Signature

Date

**Consent Form to Release Psychiatric Information
To the New Mexico Corrections Department Probation and Parole Division**

Inmate Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division wishes to obtain confidential psychiatric information about you for purposes of parole planning to allow for better supervision and psychiatric care while you are on parole. The Psychiatry staff will not participate in altering your chances of parole in any way should you choose not to release any medical information. However, if you choose not to authorize the release of information to the Parole Board and the Probation and Parole Division, this may affect the Parole Board's decision regarding approval of your proposed parole plan.

____ N/A (No need for any community health provider referral).

1.) Brief summary of psychiatric illness and DSM-IV-TR psychiatric diagnosis Axis I – V.

Axis I:	Axis II:	Axis III:
Axis IV:	Axis V:	

2.) Current psychiatric medications.

Last dose/name of long-acting injectable medications: _____ Date given: _____

Last psychotropic medication blood level. Name of drug: _____ Level: _____ Date: _____

3.) Recommended psychiatric treatment _____

4.) Name, address, phone number and follow-up appointment date/time of community psychiatric treatment provider. _____

Need for Civil Commitment Yes No Need for Mental Health Treatment Guardian Yes No

5.) Name, address, phone number of any Mental Health Treatment Guardian: _____

I am aware that I have the right at any time to refuse to release any of my psychiatric information.

I have read this completed form and voluntarily choose **to allow** Medical Services and the New Mexico Corrections Department to release the above psychiatric information to the New Mexico Corrections Department Probation and Parole Division.

Inmate Signature

Date

I have read this completed form and voluntarily choose **not to allow** Medical Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect reentry and aftercare planning.

Inmate Signature

Date

Staff Name and Signature

Date

**Consent Form to Release Substance Abuse Information
To the New Mexico Corrections Department Probation and Parole Division**

Inmate Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division wishes to obtain confidential substance abuse information about you for purposes of parole planning to allow for better supervision and care while you are on parole. The Behavioral Health Services staff will not participate in altering your chances of parole in any way should you choose not to release any information. However, if you choose not to authorize the release of information to the Parole Board and the Probation and Parole Division, this may affect the Parole Board's decision regarding approval of your proposed parole plan.

____ N/A (No need for any community health provider referral).

1.) Substance use/abuse diagnosis and brief summary of substance use/abuse history.

2.) Participation in substance use/abuse disorder programming while incarcerated. (Explain in detail)

3.) Recommended substance use/abuse disorder treatment. (Based on history, participation or analysis)

4.) Name, address, and phone number and follow-up appointment date/time of community substance abuse treatment provider.

I am aware that I have the right at any time to refuse to release any of my substance abuse information.

I have read this completed form and voluntarily choose to allow Behavioral Health Services and the New Mexico Corrections Department to release the above substance abuse information to the New Mexico Corrections Department Probation and Parole Division.

Inmate Signature

Date

I have read this completed form and voluntarily choose **not to allow** Behavioral Health Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect reentry and aftercare planning.

Inmate Signature

Date

Staff Name and Signature

Date

**Consent Form to Release Mental Health Information
To the New Mexico Corrections Department Probation and Parole Division**

Inmate Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division wishes to obtain confidential mental health information about you for purposes of parole planning to allow for better supervision and mental health care while you are on parole. The mental health staff will not participate in altering your chances of parole in any way should you choose not to release any mental health information. However, if you choose not to authorize the release of information to the Parole Board and the Probation and Parole Division, this may affect the Parole Board's decision regarding approval of your proposed parole plan.

____ N/A (No need for any community mental health provider referral).

1.) Mental health diagnosis and brief summary of mental disorder.

2.) Current mental health treatment and programming.

3.) Recommended mental health treatment and programming.

4.) Name, address, phone number and follow-up appointment date/time of community mental health provider.

I am aware that I have the right at any time to refuse to release any of my mental health information.

I have read this completed form and voluntarily choose **to allow** Behavioral Health Services and the New Mexico Corrections Department to release the above mental health information to the New Mexico Corrections Department Probation and Parole Division.

Inmate Signature

Date

I have read this completed form and voluntarily choose **not to allow** Behavioral Health Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect reentry and aftercare planning.

Inmate Signature

Date

Staff Name and Signature

Date



New Mexico Corrections Department
 Consent to Release Medical Information



Form (CD-171401.6)
 Revised 02/16/15

Patient Name: _____ NMCD # _____
 (Last Name) (First Name) (Middle)

Patient Social Security Number: ____/____/____ DOB: ____/____/____

Date of Signing: ____/____/____ Time: _____

I understand that New Mexico law and New Mexico Corrections Department Health Services policies require that written consent be obtained from a patient in order to release confidential information related to any medical illness, mental disorder, developmental disability, or use, or misuse, of alcohol or drugs.

I hereby waive any right to confidentiality arising from the above laws and policies and authorize release of all medical information, but to the extent below:

Medical information to be released by: _____

Address: _____

City, State, Zip _____

Treatment provided: _____

Dates of Service, during incarceration: _____

Check if applicable: HIV/Aids Information _____(initials)
 Substance Abuse _____(initials)
 Psychiatry/Mental Health _____(initials)

The above information is to be released only to: _____

Address: _____

City, State, Zip: _____

For the purpose(s) of: _____

This authorization is in effect for: 365 days from the date of signature.

I CERTIFY: This form has been explained to me; I have read the contents of this form or the contents have been read to me; I understand its contents; the explanation was made and all blanks or statements requiring insertion or completion were filled in and all items no applicable were stricken before I signed.

 Patient Signature Date of Signing Time of Signing

 Witness Witness

Note: * To those entities receiving medical records for patients of the New Mexico Department of Corrections: This information has been disclosed to you from records whose confidentiality is protected by federal regulations (42 C.F.R. Part II) prohibiting you from making any further disclosure of it without the of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by these regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. See C.F.R. S2.3 (1978). Medical Record Section 6 NMCD form Reviewed/Revised 02/16/15